



State Board of Dentistry
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-2054
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

Dental Hygiene Anesthesia Permit Renewal

Your Dental Hygiene Anesthesia Permit in the state of Indiana expires on 3/1/2014. You may renew your permit online at www.pla.in.gov. To renew by mail, please print and complete this document in its entirety and submit it with the renewal fee of \$25 to the office address shown in the above right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after 3/1/2014 you must include a \$50 late fee. Allow at least 4 weeks for the processing of this paper document. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

| LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address | | | |
|--|---------------------|-----------------------------|------------------------|
| Enter Licensee Name | Enter Permit Number | Expiration Date 3/1/2014 | Renewal Fee \$25.00 |
| Street Address | | | |
| City | State | Zip Code | |
| Phone Number | Email Address | | |
| QUESTIONS | | | |
| 1. Since you last renewed, has any healthcare license, (including DEA), certificate, registration, or permit you hold or have held been subject to investigation, charges pending or disciplinary sanctions? | | | YES NO |
| 2. Since you last renewed, has any license to practice dental hygiene in any state, (including Indiana), or country been denied, withdrawn, revoked, or suspended for disciplinary sanctions? | | | YES NO |
| 3. Since you last renewed, have you been censured, issued a letter of reprimand, received probationary status, had restrictions or limitations placed on your ability to perform certain acts within the practice of dental hygiene in any state (including Indiana) or country? | | | YES NO |
| 4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action regarding your license to practice dental hygiene? | | | YES NO |
| 5. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state? | | | YES NO |
| LICENSEE AFFIRMATION | | | |
| I hereby swear or affirm under the penalties of perjury that I understand the State Board of Dentistry statutes and rules and have answered the questions true to the best of my knowledge. | | | |
| Signature of Licensee | | Date (month, day, year) | |

Visit us on the web at www.pla.in.gov for additional information regarding your licensure, including CE requirements and name change requests or email the Board at pla8@pla.in.gov.

"We're striving to cut red tape and remove barriers to practice to make Indiana a state that works! Have ideas? Please give us your suggestions at www.in.gov/cutredtape." -Nicholas W. Rhoad, PLA Executive Director



| FOR OFFICE USE ONLY | | |
|----------------------------|-------------|------|
| Renewal Fee | Receipt No. | Date |